

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-019426

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

F

Registration District No.

172

Primary Registration District No.

4272

Registrar's No.

39

LED MAY 20 1962

1. PLACE OF DEATH

a. COUNTY

LAFETTE

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

WAVERLY

Length of stay in 1b

1-WK.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

KELLING CLINIC

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

SALINE

Inside Limits

Yes ☒ No ☐

c. CITY

OR TOWN

SLATER

d. STREET ADDRESS

(If outside, give location)

119 HAROLD

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

WALTER ROY HAYES

4. DATE OF DEATH

Month

Day

Year

MAY 26 1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11-6-1881

9. AGE (last birthday)

81

IF UNDER 1 YEAR

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

REL. FARMER

10b. KIND OF BUSINESS OR INDUSTRY

FARM

11. BIRTHPLACE (City and state or country)

LIBERTY, MO.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

SAMUEL HAYES

13b. MOTHER'S MAIDEN NAME

SUSAN ESTES

14. NAME OF HUSBAND OR WIFE

HATTIE HAYES

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown) (If yes, give war or dates of service)

NO

NONE

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

MRS. ROY HAYES SLATER, MO

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Uremia with renal insufficiency

10-1960 plus

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Neoplasm, probably malignant of biliary tract with bowel obstruction.

5-19-62 plus

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

arteriosclerosis generalized

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from February 1956 to May 26, 1962 and last saw him alive on May 26, 1962

Death occurred at 8:50

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Jordan Kelling M.D.

22b. ADDRESS

Waverly, Missouri

22c. DATE SIGNED

5-26-62

23a. BURIAL CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county),

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

HAINES FUNERAL HOME

SLATER, MO May 26 62

Lutie Gordon Jordan

(Licensed Embalmer's Statement of Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Guy F. Hayes Jr.
Licensed Embalmer No. 4630

P. O. Address Kalamazoo, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.